

LIT Connections

June 2, 2021

1:00-2:00



I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship. ~ Brene Brown

Present: Cheryle Wilcox, Diane Bugbee, Cheryl Huntley, Matt Shibley, Jessica Coleman, Alice Maynard, Alicia Hanrahan, Vicki Crocker, Danielle Bragg, Cinn Smith, Krista Barbagallo, Jennifer Smith, Matt Wolf, Amy Lincoln Moore, Lorraine Sylvain, Kheya Ganguly, Sandi Yandow, Barb Joyal, Karen Bielawski-Branch, Donna Sherlaw

LIT Connections meeting was held today. Thank you for joining us. What topics are on your mind? Themes you're seeing?

- **Workforce Challenges:**

- The on-going issues related to work force issues was brought up. It is a statewide problem. They are juggling long waiting lists, all trying to desperately hire, this impacts how we supports kids and families, and the system of care. It is incredibly challenging now on a day-to-day basis – the worst they have ever seen it.
- Data about work force issues being shared in state level meetings so there is an awareness of the challenges communities are having. There were over 500 statewide openings in our partner agencies last summer, this is now up to 780. DMH has pulled together a task force with Departments and stakeholders to address this. What strategies can we embrace to address the work force issues? Please reach out to Cheryle.Wilcox@vermont.gov if you want to discuss further. Incredibly hard to recruit and retain.
- Losing staff on a daily basis to schools. Have positions they can't fill. School has extra funding for these services and taking over some of this work. It is good that more mental health services will be offered in schools but these services don't address family and community needs. We're seeing a breakdown of community network.
- Question asked about whether staff, kids, families might be open to small group work, pod work, sharing common issues with other families and a MH clinician? Go for what is possible vs what is hoped for.
- Actively looking at other models.
- Redefining the menu of services. Who's calling? Parent consultation, not opened to the agency. Providing groups, psycho-education, zoom, in person, brief treatment, tweak what can offer to get most kids in the door. Hard with high end needs. Have to face and make decisions about who is served in a reasonable way. Need to make sure the story behind the data is understood.
- More funding, some agencies said we can't take more money, we have no staff to hire.
- Changing up menu of services - doing groups, doing Tier 1, preventative, universal kinds of work. Schools are putting out fires where they can. Screen, consult as much as they can.

- **General Discussion Notes:**

- Seeing more intense needs, higher levels of trauma for kids, families, staff. Families don't always like to engage in groups. May prefer 1:1 support. Education around this is very important. May need something different than 1:1.
- Encouraging that media is talking about the challenges and bringing attention to it. This feels hopeful. Legislature did allocate funding for a one-year pilot in Rutland to do mobile response.
- Curiosity about DCF-Family Services and schools and whether they understand the bind mental health is in. It's a combined struggle for all of us. What can we do to better understand we are all in this right now? How do we message this?
- Schools may understand at higher levels, focus also on ESSA and other education requirements.
- What else can we invest in and support?
- How do we help others understand that this is not just our "sad story" but our current reality.
- Message shared about stressors in other parts of the system but the pressures on Family Services staff are great. With Woodside closing, it is scary. DCF is still staffing kids. Seeing high levels of violence in youth. Not sustainable.
- When supporting other parents at CSP meetings there are often high needs kids and families feel like everything falls back on them when no services can be offered because of the work force issues. Parents understand this issue but feel alone. How do I advocate and keep all community partner relationships alive? Parents are asked to be teachers, workers, have lost jobs. What can all of us be doing that sends a stronger message, a sense of we're in this together not parents have to absorb it all. Need to remember parents feeling maxed out.
- Half of regions do not have designated parent reps. Act 264 Board will be discussing the survey results and recommendations with SIT on June 24th and continue the conversation with their Board meeting on June 25th. Hopefully, this longstanding issue can be addressed. Discussion will finally happen between two groups.
- Agreement with comment that families often feel alone – and that sometimes services are available and there is lack of engagement from youth. When out for long time harder, it can be hard for families to engage them. How can support – and consequences be offered to youth?
- Book recommendation - *Parent Effectiveness Training*. Could provide families with strategies. Another book, *My American Journey* – very interesting read about his experiences trying to lead people. Vignettes about leaders who effected change.
- Angst movie everyone should see this. Can we buy/share with others? It is a movie about anxiety and kids.
 - Jennifer Smith will connect with Connie Schutz - perhaps there could be more showings for parents. There was another showing in Bennington with a panel. It's a very powerful film and is part of a Trilogy.

- **What are people seeing locally with young children coming to LITs 5 and under? Changes or shifts?**

- The tensions and challenges around staffing are also happening in the early childhood world. ECFMH, focusing on prevention, early intervention. Being discussed at CIS regional levels. These challenges are shared often. Very aware in the CDD and State Team.
- In Springfield seeing more families with younger kids having disrupted adoptions. Child Welfare Training Platform resource for mental health workers and Family Services workers to become adoption competent– Barb Joyal will share.
- Children's Integrated Services – rarely see CSPs for children under 5yo. CIS offers consultation. It is possible that concerns are being brought and resolved there vs. going to LITs.
- It was noted the impact Kheya Ganguli had with the PUCK (Psychiatric Urgent Care for Kids) model at UCS (United Counseling Services) before joining the Department of Mental Health. Hope expressed that in her new role there will be an opportunity to connect with her about looking differently about children in crisis.

Kheya – it is a tool in the continuum of mobile crisis support that she said she would be happy to share with others.